

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26  
~~12-28~~

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/8	MORN	Y								<i>WCB</i>
	DAY									
	EVE		Y							
11-9	MORN	Y		Y						<i>TC</i>
	DAY									
	EVE									
	MORN									<i>WT</i>
	DAY									
	EVE		Y							
11/11	MORN									<i>NB</i>
	DAY									
	EVE		Y							<i>as</i>
12	MORN	✓								<i>KC</i>
	DAY		Y							
	EVE		Y							<i>as</i>
	MORN									<i>P</i>
	DAY		Y	Y						
	EVE									
14	MORN	Y								<i>TV</i>
	DAY		Y							
	EVE		Y							<i>DD</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

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## SEGREGATION UNIT RECORD SHEET

G-26

218

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/1	MORN	Y								aw.
	DAY									
	EVE									
2	MORN	✓								JK
	DAY	✓								
	EVE									
3	MORN	✓								WBH
	DAY	Y								OS
	EVE	Y								
11/4	MORN	✓								099
	DAY	✓								
	EVE	Y								
5	MORN									CG
	DAY									
	EVE									
6	MORN	✓								SA
	DAY									
	EVE									
7	MORN	✓								KSS
	DAY	✓								JK
	EVE									

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## SEGREGATION UNIT RECORD SHEET

G-26

128

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OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
25	MORN	✓								71
	DAY									
	EVE		✓							
10/16	MORN	✓								AS
	DAY									
	EVE	✓	✓			✓				70
27	MORN	✓								71
	DAY		✓							
	EVE		✓							604
28	MORN	✓								RA
	DAY									
	EVE									✓
29	MORN	✓								PSB
	DAY									
	EVE		✓							
30	MORN	✓								71
	DAY		✓							
	EVE		✓							76
	MORN									
	DAY		✓							
	EVE		✓							

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## SEGREGATION UNIT RECORD SHEET

6-26

P-28

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/18	MORN	X								CC
	DAY									
	EVE		X							
10/19	MORN	Y								
	DAY		Y							
	EVE									
10/20	MORN	X								CG
	DAY		X							
	EVE		X							
10/21	MORN									PB
	DAY	Y								
	EVE		Y							
10/22	MORN	X								CA
	DAY		Y							
	EVE		Y							
10/23	MORN	Y								CA
	DAY		Y							
	EVE		Y							
10/24	MORN	X								CA
	DAY		Y							
	EVE		Y							DS

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J.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P-18

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY	Y								
	EVE		Y							
	MORN									
	DAY									
	EVE									
	MORN	✓								
	DAY		✓							
	EVE			✓						
D/14	MORN	Y								
D/14	DAY									
D/14	EVE									
10/15	MORN	✓		✓						
10/15	DAY									
10/15	EVE									
10/16	MORN	✓								
10/16	DAY		✓							
10/16	EVE			✓						
	MORN	✓								
	DAY									
	EVE									

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C. HOLMAN  
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## SEGREGATION UNIT RECORD SHEET

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P-18

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/4	MORN	Y								<i>CW</i>
	DAY									
	EVE									
10/5	MORN	✓								<i>JK</i>
	DAY	✓								
	EVE		✓							
10/6	MORN	✓								<i>JK</i>
	DAY	✓								
	EVE		✓							
	MORN									
	DAY									
	EVE									
10/8	MORN	Y								<i>DL</i>
	DAY									
	EVE		Y							
10/9	MORN	Y	✓							<i>DL</i>
	DAY									
	EVE			✓						
10	MORN	✓								<i>CL</i>
	DAY	✓								
	EVE		✓							

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## SEGREGATION UNIT RECORD SHEET

P-18

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 626

VIOLATION  
OR REASON:

ADMITTANCE

DATE & TIME  
RECEIVED:

AUTHORIZED BY:

PERTINENT  
INFORMATION:DATE & TIME  
RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9-27	MORN	Y								BL
	DAY		Y							
	EVE									
	MORN									
	DAY	Y								P
	EVE	Y	V							
	MORN	V								
	DAY									
	EVE									
9-28	MORN	Y								GP
	DAY	Y				Y				GP
	EVE	Y	Y							
10-1	MORN	Y								AD
	DAY	Y								AD
	EVE	Y								
10-2	MORN	Y								BBB
	DAY	Y								
	EVE	Y								
	MORN	Y								WT
	DAY									
	EVE									

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AIS NO: 42-624 CELL: G-26

VIOLATION  
OR REASON:

ADMITTANCE  
AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE & TIME  
RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/20	MORN	-								
	DAY									
	EVE	-	Y							
9/21	MORN	Y								
	DAY	Y								
	EVE		Y							
9/22	MORN	Y								
	DAY		Y							
	EVE		Y							
9/23	MORN	Y				Y				
	DAY		Y							
	EVE			Y						
9/24	MORN	Y								
	DAY		Y							
	EVE			Y						
9/25	MORN									
	DAY									
	EVE									
9/26	MORN	Y								
	DAY		Y							
	EVE			Y	R					

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OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
13	MORN	✓								
	DAY									
	EVE									
14	MORN	✓								
	DAY									
	EVE									
15	MORN	Y								
	DAY	Y								
	EVE	Y								
16	MORN	Y								
	DAY	Y								
	EVE	Y	Y							
17	MORN	X								
	DAY	✓								
	EVE	✓								
18	MORN	✓								
	DAY	✓								
	EVE	✓								
19	MORN	✓								
	DAY	Y	Y							
	EVE									

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OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/6	MORN	C	Y							<i>DS</i>
	DAY									<i>TL</i>
	EVE					X				
9/7	MORN	✓								<i>✓</i>
	DAY									<i>✓</i>
	EVE		✓							<i>✓</i>
9/8	MORN	✓								<i>6</i>
	DAY		✓							<i>✓</i>
	EVE			X						
9/9	MORN	✓								<i>ES</i>
	DAY		✓							<i>AMC</i>
	EVE									
9/10	MORN	Y								<i>DL</i>
	DAY		Y							<i>PB</i>
	EVE		Y							
9/11	MORN	✓								<i>BB</i>
	DAY		✓							<i>✓</i>
	EVE									
9/12	MORN	✓								<i>DS</i>
	DAY		Y							
	EVE		Y							

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DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
30	MORN	✓								<i>J</i>
	DAY									
	EVE		✓							
31	MORN	✓								<i>CP</i>
	DAY									
	EVE		✓							<i>A</i>
1	MORN	Y		Y						<i>TC</i>
	DAY									
	EVE									
2	MORN	Y								<i>GW</i>
	DAY		✓							
	EVE		✓	Y						<i>BB</i>
3	MORN	✓							<i>0.30/Hr.</i>	<i>BB</i>
	DAY		✓							
	EVE		✓							
4	MORN									<i>WF</i>
	DAY		✓							
	EVE		✓	Y						
5	MORN	Y								<i>ED</i>
	DAY									
	EVE									

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## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: G-2G

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/23	MORN	✓								CA
	DAY									
	EVE									
24	MORN	✓								7/
	DAY		✓							
	EVE		✓							
25	MORN	✓							Shakey	CT
	DAY		✓							
	EVE		✓							
26	MORN	✓								CG
	DAY		✓							
	EVE		✓							
27	MORN	Y								7/
	DAY									
	EVE		Y							
28	MORN	Y								DS
	DAY		✓							CT
	EVE		✓							
29	MORN	✓								CT
	DAY		✓							
	EVE		✓							h✓

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		B	D	S						
7/26	MORN	✓								CLJ
	DAY									
	EVE									
7/27	MORN	✓								✓
	DAY	✓	✓			X				
	EVE									
7/28	MORN	✓								✓
	DAY	✓	✓			X				
	EVE									
7/29	MORN	✓								RBS
	DAY									
	EVE									
7/30	MORN	✓								CLW
	DAY									
	EVE									
7/31	MORN	✓								CLW
	DAY	✓	✓							
	EVE									
8/1	MORN	✓								CLW
	DAY	✓	✓			X				
	EVE									

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		B	D	S						
8/14	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE		✓							
8/17	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE		✓	✓						
8/18	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE		✓							<i>[Signature]</i>
8/19	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE		✓	✓						<i>[Signature]</i>
8/20	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE		✓							
8/21	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE		✓	✓						<i>[Signature]</i>
8/22	MORN	✓	✓	✓						<i>[Signature]</i>
	DAY									
	EVE									

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OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/9	MORN									
	DAY									
	EVE									
8/10	MORN	Y								
	DAY	Y								
	EVE									
8/11	MORN									
	DAY									
	EVE		Y							
8/12	MORN	Y	Y			W				
	DAY		Y							
	EVE		Y							
8/13	MORN	Y								
	DAY		Y							
	EVE		Y			Y				
8/14	MORN									
	DAY									
	EVE									
8/15	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: G-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/1	MORN	✓								
	DAY									
	EVE		✓							
8/2	MORN									
	DAY									
	EVE									
8/3	MORN									
	DAY									
	EVE									
8/4	MORN	✓								
	DAY		✓							
	EVE		✓							
8/5	MORN	✓								
	DAY		✓							
	EVE		✓							
8/6	MORN	✓								
	DAY		✓							
	EVE		✓							
8/7	MORN	✓								
	DAY		✓							
	EVE		✓							
8/8	MORN	✓								
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: G-2GVIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
19	MORN	✓								<i>JK</i>
	DAY									
	EVE		✓							
20	MORN									<i>JK</i>
	DAY	Y								
	EVE	Y								
21	MORN	✓								<i>HB</i>
	DAY	Y	Y							
	EVE									
22	MORN	Y	✓	✓						<i>DK</i>
	DAY									
	EVE		Y							
	MORN	Y								<i>JK</i>
	DAY									
	EVE									
24	MORN	✓								<i>CL</i>
	DAY	Y								
	EVE	Y								<i>JK</i>
	MORN	Y								<i>JK</i>
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-2G

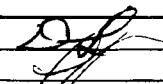
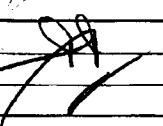
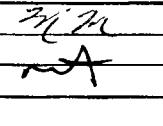
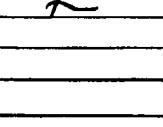
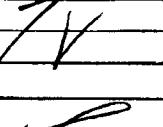
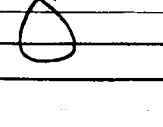
VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12	MORN									
	DAY									
	EVE		Y							
1/3	MORN	Y								
	DAY									
	EVE									
14	MORN	Y								
	DAY									
	EVE									
15	MORN	Y	Y							
	DAY									
	EVE		Y							
16	MORN	Y								
	DAY									
	EVE									
17	MORN									
	DAY									
	EVE									
18	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/5	MORN	✓								<i>AS</i> <i>Maples</i>
	DAY									
	EVE		✓							
6	MORN									
	DAY		✓			✓				
	EVE		✓							
7	MORN	✓								
	DAY		✓							
	EVE		✓							
8	MORN	✓								<i>TV</i>
	DAY									
	EVE									
9	MORN									<i>CC</i>
	DAY									
	EVE									
10	MORN	✓								<i>G</i>
	DAY		✓							
	EVE		✓							
11	MORN									<i>HIB</i>
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: G-26

VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_

DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/28	MORN	✓								AS
	DAY									
	EVE		✓	15						
6/29	MORN									
	DAY		Y							
	EVE		Y			AK				2
6/30	MORN	Y								RL
	DAY	Y	Y							2
	EVE	Y	Y	15		Y				
7/1	MORN	✓								CL
	DAY									
	EVE									
7/2	MORN									
	DAY		Y							
	EVE		Y			✓				RB
7/3	MORN	✓								
	DAY									
	EVE									11
7/4	MORN	✓								
	DAY									
	EVE									W

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY

AIS NO: 42-624 CELL: G-26

VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE & TIME  
RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/21/04	MORN									<i>08a</i>
	DAY	Y	Y							
	EVE	Y	Y							
	MORN	Y								<i>2m</i>
	DAY	Y	Y							<i>0</i>
	EVE	Y	Y							
6/23	MORN	Y								<i>ext</i>
	DAY	Y								<i>TY</i>
	EVE									
	MORN	Y								<i>1</i>
	DAY	Y								<i>2</i>
	EVE	Y								
26	MORN	Y								<i>cc</i>
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-2GVIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/14	MORN									CL
	DAY	✓								DC
	EVE		✓	Y						DC
6/15	MORN	Y								DL
	DAY	Y								DL
	EVE	Y								DL
6/16	MORN	X								BS
	DAY	Y	Y							BS
	EVE		Y			Y				BS
17	MORN		✓							AB
	DAY	✓								AB
	EVE		✓			Y				AB
18	MORN	Y								AB
	DAY									AB
	EVE									AB
19	MORN	Y	Y							BS
	DAY	Y	Y							BS
	EVE		Y							BS
20	MORN	✓								CL
	DAY	✓								CL
	EVE		Y	26						CL 26

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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OIC Signature: OIC must sign all record sheets each shift.

J. C. HOLMAN  
(INSTITUTION)

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY

AIS NO: 42-624 CELL: G-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE & TIME  
RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/7	MORN	✓								DRW
	DAY									
	EVE		Y							Z
	MORN	Y								
	DAY									
	EVE									
6/9	MORN	Y								AW
	DAY									
	EVE									
	MORN	Y								Q
	DAY		Y							
	EVE		Y							
	MORN	✓								CK
	DAY		Y							
	EVE		Y							OS
	MORN	Y								
	DAY		OS							
	EVE		a							
	MORN	✓								CA
	DAY		Y							WP
	EVE		Y							

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: G-2G

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
31	MORN									
	DAY									
	EVE									
1	MORN									
	DAY									
	EVE									
2	MORN	Y								7
	DAY									
	EVE		Y							
3	MORN		✓							
	DAY									
	EVE									
4	MORN	Y								
	DAY									
	EVE		Y							
5	MORN		✓							
	DAY		Y							
	EVE			Y						
6	MORN	Y								
	DAY		Y							
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

S. C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY

AIS NO: 42-624 CELL: G-26

VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE & TIME  
RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/24	MORN	✓								<i>[Signature]</i>
	DAY									
	EVE		✓							
25	MORN	✓								<i>[Signature]</i>
	DAY	✓								
	EVE	✓	15							
26	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE		✓							
27	MORN	✓								<i>[Signature]</i>
	DAY	✓								
	EVE	✓	15							
28	MORN	✓								<i>[Signature]</i>
	DAY		✓							
	EVE	✓	✓	yes						
29	MORN	✓								<i>[Signature]</i>
	DAY	✓								
	EVE	✓	✓	15						
30	MORN	✓								<i>[Signature]</i>
	DAY	✓								
	EVE	✓	✓							

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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**Psych:** Psychological Counselor will sign each time the inmate is seen.

**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY

AIS NO: 4/2-624

CELL: G-28

VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE & TIME  
RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS	B	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
5/17	MORN	✓									<i>JJ</i>
	DAY		✓								
	EVE			✓			VS				
18	MORN	Y									<i>DD</i>
	DAY		✓								
	EVE			✓							
19	MORN	✓									<i>BB</i>
	DAY		✓								
	EVE			✓			VS				
20	MORN	✓									<i>BB</i>
	DAY	Y									
	EVE		Y				~				
21	MORN	Y									<i>CD</i>
	DAY		✓				VS				
	EVE			✓			VS				
22	MORN	Y									<i>DD</i>
	DAY		✓								
	EVE			✓							
23	MORN	✓									<i>CC</i>
	DAY		✓								
	EVE			✓			VS				

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct, Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.)

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: WZ-624 CELL: G-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
5/10	MORN	✓						<i>CH</i>
	DAY							
	EVE		✓					
5/11	MORN	✓						<i>2538</i>
	DAY		✓					<i>P</i>
	EVE		✓					
5/12	MORN	✓						<i>HB</i>
	DAY							
	EVE							
5/13	MORN	✓						<i>WHD</i>
	DAY							
	EVE							<i>93</i>
5/14	MORN	✓						<i>DP</i>
	DAY							
	EVE							
5/15	MORN							
	DAY							
	EVE							
5/16	MORN	✓						<i>SOTR</i>
	DAY							
	EVE							

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)  
 Meals/ SH: Shower- Yes (Y) No (N) Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
 and include date, signature, and title.)

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY

VIOLATION

OR REASON:

DATE &amp; TIME

RECEIVED:

PERTINENT  
INFORMATION:AIS NO: 42-624CELL: 6-26

ADMITTANCE

AUTHORIZED BY:

DATE &amp; TIME

RELEASED:

DATE	SHIFT	MEALS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
5/3	MORN	Y						
	DAY							
	EVE	Y	yes					
5/4	MORN	✓						
	DAY	✓						
	EVE		✓					
5/5	MORN	✓						
	DAY	✓						
	EVE		✓					
5/6	MORN	✓						
	DAY	✓						
	EVE		Y					
5/7	MORN	Y						
	DAY	Y	Y	Y				
	EVE							
5/8	MORN	Y						
	DAY	✓						
	EVE		✓					
5/9	MORN	✓						
	DAY	✓						
	EVE		✓					

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive, etc.)

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 AM/2:00/2:30 DUT)

Medical: Physician will sign each time the inmate is seen.)

Psych: Psychological Counselor will sign each time the inmate is seen.)

Comments: (i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.)

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 4/2-624CELL: G-26

VIOLATION

ADMITTANCE

CR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS	B/D IS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	CIC SIGNATURE
20	MORN	✓							
	DAY								
	EVE	✓							
21	MORN								
	DAY			✓					
	EVE								
22	MORN	Y							
	DAY	✓							
	EVE	✓							
23	MORN	✓							
	DAY								
	EVE								
24	MORN	Y							
	DAY								
	EVE								
25	MORN	✓							
	DAY								
	EVE								
26	MORN	✓							
	DAY								
	EVE								
27	MORN	✓							
	DAY								
	EVE								
28	MORN	✓							
	DAY								
	EVE								
29	MORN	✓							
	DAY								
	EVE								
30	MORN	✓							
	DAY								
	EVE								
31	MORN	✓							
	DAY								
	EVE								
1	MORN	✓							
	DAY								
	EVE								
2	MORN	✓							
	DAY								
	EVE								
3	MORN	✓							
	DAY								
	EVE								
4	MORN	✓							
	DAY								
	EVE								
5	MORN	✓							
	DAY								
	EVE								

Pertinent info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30-10:00 IN; 2:00-2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude; etc. \*Use reverse side for additional comments and include date, signature, and title.

CIC Signature: CIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: 4/2-624 CELL: 6-26  
 VIOLATION: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 CP REASON: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS	SH	EXERCISE	MEDICAL	PSYCH	COMMENTS*	OIC SIGNATURE
19	MORN	4						WF
	DAY							
	EVE	Y	Y					
20	MORN	Y						PF
	DAY	V						
	EVE	V						
21	MORN	✓						CK
	DAY	V	VS					
	EVE	V	VS					
22	MORN	V						
	DAY	V						
	EVE	V						
23	MORN	Y						DB
	DAY	V	VS					
	EVE	V	VS					
24	MORN	Y						DB
	DAY	V						
	EVE	V						
25	MORN	✓						V
	DAY							
	EVE	/						

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive, etc.)

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN/ 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Condition, Attitude, etc.) \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: 4/2-624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS	SH	EXERCISE	MEDICAL	PSYCH	COMMENTS*	OIC SIGNATURE
12	MORN	✓						
	DAY							
	EVE	✓						
13	MORN	✓						
	DAY	✓	✓	✓				
	EVE							
14	MORN	✓						
	DAY	✓	✓					
	EVE		✓					
15	MORN	✓						
	DAY	✓	✓	✓				
	EVE							
16	MORN	✓						
	DAY	✓	✓					
	EVE		✓					
17	MORN	✓						
	DAY	✓	✓					
	EVE		✓					
18	MORN	✓	✓					
	DAY	✓	✓					
	EVE		✓					

Pertinent Info: i.e., Ectectic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30-10:00 AM 2:00-2:30 QUTY)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: 4/2-624 CELL: 6-26  
 VIOLATION \_\_\_\_\_ ADMITTANCE \_\_\_\_\_  
 OR REASON: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VIST	COMMENTS*	OIC SIGNATURE
6	MORN							Ys				WC
	DAY											
	EVE							Y				
7	MORN											WT
	DAY							✓				
	EVE							✓				
8	MORN							✓				CR
	DAY							✓				
	EVE							✓				
9	MORN							✓				ES
	DAY							✓				
	EVE							✓				
10	MORN							✓				WT
	DAY							✓				
	EVE							✓				
11	MORN							✓				WT
	DAY							✓				
	EVE							✓				

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30-10:00 AM; 2:00-2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct; Attitude, etc.) \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

# W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, CORY AIS NO: WZ-624 CELL: 6-26  
 VIOLATION  
 OR REASON: \_\_\_\_\_ ADMITTANCE \_\_\_\_\_  
 DATE & TIME  
 RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 PERTINENT  
 INFORMATION: \_\_\_\_\_ DATE & TIME  
 RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS	B	D	I	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
29	MORN	✓										<i>ff</i>
	DAY											
	EVE			✓								
30	MORN	✓										<i>John Jones</i>
	DAY											
	EVE			Y	0							
31	MORN	✓										<i>ff</i>
	DAY		✓									
	EVE			✓								
1	MORN	Y										<i>ff</i>
	DAY		1	1								
	EVE				✓							
2	MORN	✓	✓									<i>clp</i>
	DAY			✓								
	EVE											
3	MORN	Y										<i>clp</i>
	DAY											
	EVE											
4	MORN	Y		✓								<i>ff</i>
	DAY				✓							
	EVE											

Pertinent info: i.e., Eclectic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
8:30-10:00 IN; 2:00-2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct, Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: WZ-624CELL: G-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
22	MORN	✓						
	DAY							
	EVE	✓	Y	Y				
23	MORN	✓						
	DAY	✓						
	EVE		✓					
24	MORN	✓						
	DAY	✓		Y				
	EVE		✓	Y				
25	MORN	✓						
	DAY	✓						
	EVE		✓					
26	MORN	✓	Y	Y	Y			
	DAY							
	EVE		Y					
27	MORN	✓						
	DAY	✓						
	EVE		✓					
28	MORN	✓						
	DAY	✓						
	EVE		✓	Y				

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assultive; etc.)  
Meals/SH: Shower: Yes (Y); No (N); Refused (R)Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
8:30-10:00 AM 2:00-2:30 DUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: (i.e., Conduct; Attitude, etc.) \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

# W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: WZ-624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_ DATE & TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS B DIS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
15	MORN	✓						
	DAY							
	EVE	✓						
16	MORN	Y						
	DAY	Y						
	EVE	Y						
17	MORN	Y						
	DAY	✓						
	EVE			Y5				
18	MORN	✓						
	DAY	✓						
	EVE			11				
19	MORN	✓						
	DAY	✓						
	EVE			Y6			DA	
20	MORN	✓						
	DAY	✓						
	EVE			✓			RV	
21	MORN	✓						
	DAY	Y						
	EVE	✓						CA

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

# W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: 4/2-6-24 CELL: 6-26  
 VIOLATION  
 OR REASON: \_\_\_\_\_ ADMITTANCE \_\_\_\_\_  
 DATE & TIME  
 RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 PERTINENT  
 INFORMATION: \_\_\_\_\_ DATE & TIME  
 RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
8	MORN	✓						
	DAY			18				
	EVE							
9	MORN	✓						
	DAY	✓						
	EVE	1						
10	MORN	✓						
	DAY	✓		18				
	EVE							
11	MORN	✓						
	DAY	✓						
	EVE	1						
12	MORN	✓						
	DAY	✓						
	EVE	✓						
13	MORN	✓						
	DAY	✓						
	EVE	✓						
14	MORN	✓						
	DAY	✓						
	EVE	✓						
15	MORN	✓						
	DAY	✓						
	EVE	✓						
16	MORN	✓						
	DAY	✓						
	EVE	✓						
17	MORN	✓						
	DAY	✓						
	EVE	✓						
18	MORN	✓						
	DAY	✓						
	EVE	✓						
19	MORN	✓						
	DAY	✓						
	EVE	✓						
20	MORN	✓						
	DAY	✓						
	EVE	✓						
21	MORN	✓						
	DAY	✓						
	EVE	✓						
22	MORN	✓						
	DAY	✓						
	EVE	✓						
23	MORN	✓						
	DAY	✓						
	EVE	✓						
24	MORN	✓						
	DAY	✓						
	EVE	✓						
25	MORN	✓						
	DAY	✓						
	EVE	✓						
26	MORN	✓						
	DAY	✓						
	EVE	✓						
27	MORN	✓						
	DAY	✓						
	EVE	✓						
28	MORN	✓						
	DAY	✓						
	EVE	✓						
29	MORN	✓						
	DAY	✓						
	EVE	✓						
30	MORN	✓						
	DAY	✓						
	EVE	✓						
31	MORN	✓						
	DAY	✓						
	EVE	✓						
32	MORN	✓						
	DAY	✓						
	EVE	✓						
33	MORN	✓						
	DAY	✓						
	EVE	✓						
34	MORN	✓						
	DAY	✓						
	EVE	✓						
35	MORN	✓						
	DAY	✓						
	EVE	✓						
36	MORN	✓						
	DAY	✓						
	EVE	✓						
37	MORN	✓						
	DAY	✓						
	EVE	✓						
38	MORN	✓						
	DAY	✓						
	EVE	✓						
39	MORN	✓						
	DAY	✓						
	EVE	✓						
40	MORN	✓						
	DAY	✓						
	EVE	✓						
41	MORN	✓						
	DAY	✓						
	EVE	✓						
42	MORN	✓						
	DAY	✓						
	EVE	✓						
43	MORN	✓						
	DAY	✓						
	EVE	✓						
44	MORN	✓						
	DAY	✓						
	EVE	✓						
45	MORN	✓						
	DAY	✓						
	EVE	✓						
46	MORN	✓						
	DAY	✓						
	EVE	✓						
47	MORN	✓						
	DAY	✓						
	EVE	✓						
48	MORN	✓						
	DAY	✓						
	EVE	✓						
49	MORN	✓						
	DAY	✓						
	EVE	✓						
50	MORN	✓						
	DAY	✓						
	EVE	✓						
51	MORN	✓						
	DAY	✓						
	EVE	✓						
52	MORN	✓						
	DAY	✓						
	EVE	✓						
53	MORN	✓						
	DAY	✓						
	EVE	✓						
54	MORN	✓						
	DAY	✓						
	EVE	✓						
55	MORN	✓						
	DAY	✓						
	EVE	✓						
56	MORN	✓						
	DAY	✓						
	EVE	✓						
57	MORN	✓						
	DAY	✓						
	EVE	✓						
58	MORN	✓						
	DAY	✓						
	EVE	✓						
59	MORN	✓						
	DAY	✓						
	EVE	✓						
60	MORN	✓						
	DAY	✓						
	EVE	✓						
61	MORN	✓						
	DAY	✓						
	EVE	✓						
62	MORN	✓						
	DAY	✓						
	EVE	✓						
63	MORN	✓						
	DAY	✓						
	EVE	✓						
64	MORN	✓						
	DAY	✓						
	EVE	✓						
65	MORN	✓						
	DAY	✓						
	EVE	✓						
66	MORN	✓						
	DAY	✓						
	EVE	✓						
67	MORN	✓						
	DAY	✓						
	EVE	✓						
68	MORN	✓						
	DAY	✓						
	EVE	✓						
69	MORN	✓						
	DAY	✓						
	EVE	✓						
70	MORN	✓						
	DAY	✓						
	EVE	✓						
71	MORN	✓						
	DAY	✓						
	EVE	✓						
72	MORN	✓						
	DAY	✓						
	EVE	✓						
73	MORN	✓						
	DAY	✓						
	EVE	✓						
74	MORN	✓						
	DAY	✓						
	EVE	✓						
75	MORN	✓						
	DAY	✓						
	EVE	✓						
76	MORN	✓						
	DAY	✓						
	EVE	✓						
77	MORN	✓						
	DAY	✓						
	EVE	✓						
78	MORN	✓						
	DAY	✓						
	EVE	✓						
79	MORN	✓						
	DAY	✓						
	EVE	✓						
80	MORN	✓						
	DAY	✓						
	EVE	✓						
81	MORN	✓						
	DAY	✓						
	EVE	✓						
82	MORN	✓						
	DAY	✓						
	EVE	✓						
83	MORN	✓						
	DAY	✓						
	EVE	✓						
84	MORN	✓						
	DAY	✓						
	EVE	✓						
85	MORN	✓						
	DAY	✓						
	EVE	✓						
86	MORN	✓						
	DAY	✓						
	EVE	✓						
87	MORN							

Homman

(INSTITUTION)

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## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory AIS NO: W/Z 624 CELL: 6012 G-26  
 VIOLATION OR REASON:  ADMITTANCE   
 DATE & TIME RECEIVED:  AUTHORIZED BY:   
 DATE & TIME RELEASED:   
 PERTINENT INFORMATION:

DATE	SHIFT	MEALS		SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D						
2	MORN	Y							JB
	DAY		Y						
	EVE				Y				
3	MORN								JK
	DAY								
	EVE				Y				
4	MORN	Y							JK
	DAY								
	EVE		Y		Y				
5	MORN								CH WB WC
	DAY								
	EVE				Y				
6	MORN								JK
	DAY								
	EVE				Y				
7	MORN	Y							JK
	DAY								
	EVE								
8	MORN	Y							JK
	DAY								
	EVE				Y				

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000277

Holman  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoreyAIS NO: Z-624 CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/25	MORN	✓	✓							<i>22</i>
	DAY									
	EVE									
1/26	MORN	✓								<i>✓</i>
	DAY									
	EVE									
1/27	MORN									
	DAY									
	EVE									
1/28	MORN									<i>STK</i>
	DAY									
	EVE									
1/29	MORN	✓								<i>CLY</i>
	DAY		✓							<i>AB</i>
	EVE		✓	✓						<i>PAI</i>
1/30	MORN	✓								<i>PAI</i>
	DAY									
	EVE									
1/31	MORN	✓								<i>DRW</i>
	DAY		✓	✓						
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: WZ624 CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
18	MORN	✓								
	DAY									
	EVE		✓							
19	MORN	✓								
	DAY		✓							
	EVE		✓	✓						
20	MORN	✓								
	DAY		✓							
	EVE		✓	✓						
21	MORN	✓								
	DAY		✓							
	EVE		✓	✓						
22	MORN	✓								
	DAY		✓							
	EVE		✓	✓						
23	MORN	✓								
	DAY		✓							
	EVE		✓	✓	yes					
24	MORN	✓								
	DAY		✓							
	EVE		✓	✓						

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

HO/MNN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Corey MaplesAIS NO: WZ624 CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS B/D/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
11	MORN	✓		15				
	DAY							
	EVE		✓					
SUN								
12	MORN	✓						<i>SL</i>
	DAY		✓					
	EVE		✓					
MON								<i>SL</i>
13	MORN	✓						<i>SL</i>
	DAY		✓	15				
	EVE		✓					
TUE								
14	MORN	✓						<i>JJ</i>
	DAY		✓					
	EVE		✓					
WED								
15	MORN	✓						<i>SL</i>
	DAY		✓	15				
	EVE		✓					
THU								<i>JZ</i>
16	MORN	✓						<i>JZ</i>
	DAY		✓					
	EVE		✓					
FRI								<i>JZ</i>
17	MORN	✓						<i>JZ</i>
	DAY		✓					
	EVE		✓					
SAT								<i>JZ</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYVIOLATION  
OR REASON: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_AIS NO: WZ 624 CELL: 6-26  
ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_  
DATE & TIME  
RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
28	MORN	Y								<i>[Signature]</i>
	DAY									
	EVE	Y	Y							
29	MORN	Y								<i>[Signature]</i>
	DAY		V							
	EVE			Y						
30	MORN	V								<i>[Signature]</i>
	DAY	V								
	EVE		V	Y						
31	MORN	V								<i>[Signature]</i>
	DAY	V								
	EVE		V							
1	MORN	V								<i>[Signature]</i>
	DAY	V								
	EVE		V							
2	MORN	V								<i>[Signature]</i>
	DAY	V								
	EVE		V							<i>[Signature]</i>
3	MORN	V								<i>[Signature]</i>
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

*Holmax*  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Corey MaplesAIS NO: WZ624 CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
21	MORN	✓								<i>K</i>
	DAY									
	EVE		✓							
22	MORN									
	DAY									
	EVE		✓							
23	MORN	✓								
	DAY		✓							
	EVE		✓							
24	MORN	✓								<i>K</i>
	DAY		✓							
	EVE		✓	✓	✓	✓	✓	✓	✓	<i>K</i>
25	MORN	✓								<i>K</i>
	DAY		✓							
	EVE		✓							
26	MORN	✓								<i>AS</i>
	DAY		✓							
	EVE		✓							
27	MORN	✓								<i>AS</i>
	DAY		✓							
	EVE		✓							

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

# Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 626

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE & TIME  
RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
14	MORN	X								WT
	DAY			X						
	EVE		X							WT
15	MORN	✓								RF
	DAY		✓							
	EVE		✓							
16	MORN									20
	DAY	✓								
	EVE		✓							
17	MORN									SDH
	DAY									
	EVE									
18	MORN	✓								BL
	DAY		✓							
	EVE		✓							
19	MORN	✓								
	DAY									
	EVE									
20	MORN	✓								Maples
	DAY									
	EVE		✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Homans

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

AIS NO: W/Z 624

CELL: ~~4012~~ 626

## VIOLATION OR REASON

## ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE & TIME

DATE & TIME  
RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS B D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
1	MORN	✓						
	DAY							
	EVE		✓	VS				
8	MORN	✓						
	DAY	✓	✓	VS				
	EVE							
9	MORN							
	DAY	✓						
	EVE	✓	Y					
10	MORN	✓						
	DAY	✓	✓	VS				
	EVE	✓						
11	MORN	✓						
	DAY	✓						
	EVE	✓						
12	MORN	✓						
	DAY	✓	✓	VS				
	EVE	✓						
13	MORN	✓						
	DAY	✓						
	EVE	✓	✓					

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc

**Meals/ SH:** Shower- Yes (Y): No (N): Refused (R)

**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/12:00 PM 2:00/2:30 PM)

**Medical:** Physician will sign each time - the information is to be used for medical purposes only.

**Medical:** Physician will sign each time the inmates is seen.  
**Psych:** Psychological Counselor will sign each time the inmate is seen.

**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments

and include date, signature, and title.  
**SIC Signature:** SIC signature, title, and date

Maples - DOC

000284

Holman  
(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME: Maples, Cory

AIS NO: W/Z 624

CELL: HUTZ G-2

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME

DATE & TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
23	MORN	✓						
	DAY							
	EVE			XS				
24	MORN	✓						
	DAY	Y						
	EVE	Y	✓	425				
25	MORN	✓						
	DAY	✓						
	EVE	✓						
26	MORN	Y	✓					
	DAY	✓		YY				
	EVE	✓						
27	MORN	✓						
	DAY							
	EVE	✓		Y				
28	MORN	Y						
	DAY	✓						
	EVE	✓	✓	Y				
29	MORN	Y						
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments

Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 626

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		S	I	D						
30	MORN	✓								LW
	DAY		✓	✓						
	EVE									
1	MORN									
	DAY	Y								
	EVE	Y								
2	MORN								STF	
	DAY	Y							or 2	
	EVE	Y	Y	Y						
30	MORN	Y								2
	DAY	Y								16
	EVE	Y								
4	MORN	Y							DL	
	DAY									
	EVE		✓						CD	
5	MORN	✓								CD
	DAY									
	EVE									
6	MORN									JJ
	DAY		✓	✓						
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000286

~~7-15~~  
**Holman**  
 (INSTITUTION)

~~6-25~~  
**6-25**

~~7-25~~  
**7-25**

~~6-30~~  
**6-30**

### SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

AIS NO: 4/2 624

CELL: 4012 626

VIOLATION  
OR REASON:

ADMITTANCE  
AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE & TIME  
RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS B/D/IS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
14	MORN	Y						MW
	DAY	Y		Y				mt
	EVE		Y					
15	MORN	Y						
	DAY	Y		Y				
	EVE		Y					
16	MORN	Y		Y				
	DAY							
	EVE							
17	MORN	Y						
	DAY	Y						
	EVE	Y		Y				
18	MORN	Y						
	DAY	Y						
	EVE	Y						
19	MORN	Y		Y				
	DAY							
	EVE							
20	MORN	Y						
	DAY	Y		Y				AS
	EVE	Y		Y				
21	MORN	Y						
	DAY							
	EVE							
22	MORN	Y						
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift

Maples - DOC

000287

Holman  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 6-26

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE & TIME  
RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS B/D/T/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
9	MORN	✓						
	DAY			Y				
	EVE							
10	MORN	✓						
	DAY	✓	Y	Y				
	EVE	✓						
11	MORN	✓		Y				
	DAY							
	EVE							
12	MORN	✓						
	DAY	✓	Y	Y				
	EVE							
13	MORN	✓						
	DAY							
	EVE							
14	MORN	Y						
	DAY							
	EVE							
15	MORN	Y						
	DAY	Y						
	EVE	Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000288

Holman  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: WZ 624CELL: #012~~7-15~~  
~~6-25~~~~7-25~~~~6-30~~

6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
	MORN									
	DAY									
	EVE									
	MORN									<i>STH</i>
	DAY									
	EVE			Y						<i>PH</i>
	MORN	Y								<i>PH</i>
	DAY									<i>WF</i>
	EVE			Y						<i>WF</i>
<i>WED</i> <i>29</i>	MORN	N								<i>WHD</i>
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
<i>30</i>	MORN	V								<i>CK</i>
	DAY									
	EVE									
<i>1</i>	MORN	Y								<i>PH</i>
	DAY			Y						<i>JH</i>
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000289

Holman

(INSTITUTION)

~~7/15~~  
~~6-25~~  
~~7-25~~  
~~6-30~~ 6-26

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: WZ 624CELL: H612

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS B/D/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN	✓						WT
	DAY							WT
	EVE	✓	Y					ex
	MORN	Y						
	DAY							
	EVE							
	MORN	✓						CL
	DAY							Z
	EVE	✓						
	MORN	Y						ew
	DAY	✓						ew
	EVE	Y						
	MORN	Y						ex
	DAY							
	EVE							
	MORN	Y						CL
	DAY							
	EVE							
	MORN	✓						Z
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000290

Holman  
(INSTITUTION)

~~7/15~~  
~~6-25~~  
~~P-25~~  
~~8/26~~  
626

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: W/Z 624CELL: 4012

VIOLATION OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
	MORN									WR
	DAY									WR
	EVE									ES
10/14	MORN	Y								
10/14	DAY	Y								
10/14	EVE	Y								
	MORN									
	DAY									
	EVE									
10/16	MORN									CL
10/16	DAY									
10/16	EVE									
	MORN									
	DAY									
	EVE									
10/18	MORN									SPH
10/18	DAY									
10/18	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000291

Holman

(INSTITUTION)

~~7-15~~  
~~6-25~~  
~~7-25~~  
~~8-26~~

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory  
 VIOLATION: \_\_\_\_\_  
 OR REASON: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

AIS NO: 4/2 624 CELL: 4012 626

ADMITTANCE AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS		SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D						
5	MORN	✓							<del>CH</del>
	DAY	✓							
	EVE								
	MORN								
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								
Wed	MORN	✓							<del>CC</del>
	DAY	✓							<del>AS</del>
	EVE	✓							<del>AS</del>
9	MORN	✓							<del>CH</del>
	DAY	✓							<del>WT</del>
	EVE	✓							<del>WT</del>
	MORN								
	DAY								
	EVE								
10/10	MORN	✓							<del>CH</del>
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Holman  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: WZ 624CELL: HUT 626VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
	MORN									
	DAY	Y				Y				
	EVE									
	MORN									
	DAY									
	EVE									
9/23	MORN	Y								DL
9/23	DAY	Y				Y				OJ
9/23	EVE									
	MORN	Y								AS
	DAY	Y								AS
	EVE									
25	MORN	Y	Y			Y				AS
25	DAY									
25	EVE									
	MORN	Y								AS
	DAY	Y								AS
	EVE									
9/27	MORN	Y								AS
9/27	DAY	Y								AS
9/27	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000293

Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: 4/2 624CELL: 4012 G-26VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
8/28/08	MORN							
	DAY	Y						
	EVE		Y					TP PN
8/29	MORN	Y						
	DAY	Y	Y					
	EVE		Y	Y				TP PN
8/30	MORN	Y						
	DAY	Y	Y					
	EVE		Y					TP PN
8/31	MORN	Y						
	DAY	Y	Y					
	EVE		Y	-				TP PN
9/1	MORN	Y						
	DAY	Y	Y					
	EVE		Y	Y				TP PN
9/2	MORN	Y						
	DAY							
	EVE		Y					AB
9/3	MORN	Y						
	DAY	Y	Y					
	EVE		Y					AB
9/4	MORN							
	DAY	Y		Y				
	EVE		Y					AB
9/5	MORN							
	DAY							
	EVE							
9/6	MORN							
	DAY							
	EVE							
9/7	MORN							
	DAY							
	EVE							
9/8	MORN							
	DAY							
	EVE							
9/9	MORN							
	DAY							
	EVE							
9/10	MORN							
	DAY							
	EVE							
9/11	MORN							
	DAY							
	EVE							
9/12	MORN							
	DAY							
	EVE							
9/13	MORN							
	DAY							
	EVE							
9/14	MORN							
	DAY							
	EVE							
9/15	MORN							
	DAY							
	EVE							
9/16	MORN							
	DAY							
	EVE							
9/17	MORN							
	DAY							
	EVE							
9/18	MORN							
	DAY							
	EVE							
9/19	MORN							
	DAY							
	EVE							
9/20	MORN							
	DAY							
	EVE							
9/21	MORN							
	DAY							
	EVE							
9/22	MORN							
	DAY							
	EVE							
9/23	MORN							
	DAY							
	EVE							
9/24	MORN							
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	EVE							
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9/26	MORN							
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9/27	MORN							
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9/28	MORN							
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	EVE							
9/29	MORN							
	DAY							
	EVE							
9/30	MORN							
	DAY							
	EVE							
9/31	MORN							
	DAY							
	EVE							
10/1	MORN							
	DAY							
	EVE							
10/2	MORN							
	DAY							
	EVE							
10/3	MORN							
	DAY							
	EVE							
10/4	MORN							
	DAY							
	EVE							
10/5	MORN							
	DAY							
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10/6	MORN							
	DAY							
	EVE							
10/7	MORN							
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	EVE							
10/8	MORN							
	DAY							
	EVE							
10/9	MORN							
	DAY							
	EVE							
10/10	MORN							
	DAY							
	EVE							
10/11	MORN							
	DAY							
	EVE							
10/12	MORN							
	DAY							
	EVE							
10/13	MORN							
	DAY							
	EVE							
10/14	MORN							
	DAY							
	EVE							
10/15	MORN							
	DAY							
	EVE							
10/16	MORN							
	DAY							
	EVE							
10/17	MORN							
	DAY							
	EVE							
10/18	MORN							
	DAY							
	EVE							
10/19	MORN							
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10/20	MORN							
	DAY							
	EVE							
10/21	MORN							
	DAY							
	EVE							
10/22	MORN							
	DAY							
	EVE							
10/23	MORN							
	DAY							
	EVE							
10/24	MORN							
	DAY							
	EVE							
10/25	MORN							
	DAY							
	EVE							
10/26	MORN							
	DAY							
	EVE							
10/27	MORN							
	DAY							
	EVE							
10/28	MORN							
	DAY							
	EVE							
10/29	MORN							
	DAY							
	EVE							
10/30	MORN							
	DAY							
	EVE							
10/31	MORN							
	DAY							
	EVE							
11/1	MORN							
	DAY							
	EVE							
11/2	MORN							
	DAY							
	EVE							
11/3	MORN							
	DAY							
	EVE							
11/4	MORN							
	DAY							
	EVE							
11/5	MORN							
	DAY							
	EVE							
11/6	MORN							
	DAY							
	EVE							
11/7	MORN							
	DAY							
	EVE							
11/8	MORN							
	DAY							
	EVE							
11/9	MORN							
	DAY							
	EVE							
11/10	MORN							
	DAY							
	EVE							
11/11	MORN							
	DAY							
	EVE							
11/12	MORN							
	DAY							
	EVE							
11/13	MORN							
	DAY							
	EVE							
11/14	MORN							

Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: W2 624CELL: 4012 626VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS B/D/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN							
	DAY	Y						
	EVE	Y						
7/15	MORN	Y						
7/15	DAY	Y						
7/15	EVE							
7/16	MORN	Y						
7/16	DAY	Y						
7/16	EVE							
7/17	MORN	Y						
7/17	DAY	Y						
7/17	EVE							
7/18	MORN	Y						
7/18	DAY	Y						
7/18	EVE	Y						
7/19	MORN	Y						
7/19	DAY	Y						
7/19	EVE							
7/20	MORN	Y						
7/20	DAY	Y						
7/20	EVE	Y	Y					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Holman  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: W/Z 624CELL: 4012 G2VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN							
	DAY	Y						
	EVE	Y	YY					
	MORN	Y						
	DAY	Y						
	EVE		✓					
9/9	MORN	Y						
	DAY							
	EVE							
	MORN	Y						
	DAY							
	EVE		Y					
	MORN	Y						
	DAY							
	EVE							
	MORN	Y						
	DAY							
	EVE							
	MORN	Y						
	DAY							
	EVE							
	MORN	Y						
	DAY							
	EVE		Y Y					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Maples - DOC

000296

Holman

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME: Maples, Cory

AIS NO: WZ 624

CELL: HOTZ G26

ISOLATION OR REASON: \_\_\_\_\_

ADMITTANCE AUTHORIZED BY: \_\_\_\_\_

DATE & TIME RECEIVED: \_\_\_\_\_

DATE & TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN							<i>WT</i>
	DAY							<i>WT</i>
	EVE							<i>WT</i>
	MORN							<i>WT</i>
	DAY							<i>WT</i>
	EVE							<i>WT</i>
	MORN							<i>WT</i>
	DAY							<i>WT</i>
	EVE							<i>WT</i>
	MORN	X						<i>WT</i>
	DAY							<i>WT</i>
	EVE							<i>WT</i>
	MORN							<i>WT</i>
	DAY							<i>WT</i>
	EVE							<i>WT</i>
9/5	MORN	X						<i>WT</i>
	DAY							<i>WT</i>
	EVE							<i>WT</i>
	MORN	Y						<i>WT</i>
	DAY	Y						<i>WT</i>
	EVE							<i>WT</i>

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

**Medical:** Physician will sign each time the inmates is seen.

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**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

**OIC Signature:** OIC must sign all record sheets each shift.

Holman

(INSTITUTION)

~~7/16~~  
~~6/25~~  
~~7/25~~  
~~6/26~~

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory AIS NO: 4/2 624 CELL: HUT 62  
 VIOLATION: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 OR REASON: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME: \_\_\_\_\_ RECEIVED: \_\_\_\_\_ DATE & TIME: \_\_\_\_\_  
 RECEIVED: \_\_\_\_\_ RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN							
	DAY	Y		N				18
	EVE							
	MORN	✓						AK
	DAY							
	EVE	Y						AK
	MORN	Y						
	DAY							MS
	EVE	Y	Y					PA
	MORN							
	DAY							
	EVE							
	MORN	X						
	DAY							
	EVE							
	MORN	Y						MS
	DAY							
	EVE	X	Y					PA

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature and title.

Holman

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: WZ 624CELL: HU12 G26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/11	MORN	✓								WT
	DAY									
	EVE		✓							DB
8/12	MORN	✓								mo
	DAY		✓							
	EVE									
8/13	MORN	✓								PC
	DAY									
	EVE									
8/14	MORN	✓	✓	✓						N
	DAY									
	EVE		✓	✓	✓					②
8/15	MORN	✓	✓	✓						2
	DAY									
	EVE									
8/16	MORN	✓								PC
	DAY									
	EVE		✓	✓	✓					①
8/17	MORN	✓	✓	✓						
	DAY									
	EVE		✓	✓	✓					

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc..

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000299

W. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

7-8

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/19	MORN	✓					Op			13
	DAY									
	EVE		✓				Op			9B
12/20	MORN						Op			SDP
	DAY		✓				N			9B
	EVE		✓							
12/21	MORN	✓					M			13
	DAY	✓								
	EVE		✓				Op			9B
12/22	MORN						Op			13
	DAY						N			
	EVE						U			13
12/23	MORN	✓								CM
	DAY									13
	EVE									
12/24	MORN	✓					Op			SB
	DAY									
	EVE		✓	Y			Op			13
12/25	MORN									13
	DAY									
	EVE						Op			SB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

2-8

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6	MORN	✓								<i>CH</i>
	DAY									
	EVE		✓							
	MORN	✓								<i>DB</i>
	DAY		✓	✓						
	EVE									
	MORN	✓								<i>SA</i>
	DAY		✓	✓						<i>SA</i>
	EVE									
12/9	MORN	Y								<i>DB</i>
	DAY		✓							
	EVE		✓	Y						<i>CH</i>
	MORN	✓								<i>DB</i>
	DAY		✓							
	EVE		✓							<i>CH</i>
	MORN	✓								<i>CH</i>
	DAY		✓							
	EVE		✓							
	MORN	Y								<i>CH</i>
	DAY		✓							
	EVE		Y							<i>CH</i>
	MORN	Y								<i>CH</i>
	DAY		✓							
	EVE		Y							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~128~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/12	MORN	✓					✓			
	DAY						✓			
	EVE		✓				✓			
6/12	MORN	✓					GP			GP
	DAY		✓				dp			DP
	EVE		✓	Y			GP			GP
7/12	MORN	✓					PN			EP
	DAY		✓				GP			BB
	EVE		✓				GP			
8/12	MORN	✓					P			CA
	DAY						PN			BD
	EVE			Y			PN			
9/12	MORN	✓					PN			DD
	DAY		✓				PN			SB
	EVE		✓				PN			
10/12	MORN	✓					PN			SP
	DAY		✓				dp			SP
	EVE		✓				dp			
11/12	MORN	Y	✓				dp			SP
	DAY		✓				dp			SP
	EVE		✓				dp			SP

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~28~~

INMATE NAME: MAPLES, CORGY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
11/21	MORN	✓				RC			JB
	DAY								JB
	EVE		✓			RC			JB
11/22	MORN	✓				RC			JB
	DAY		✓						JB
	EVE		✓	✓		RC			JB
11/23	MORN	✓							RS
	DAY		✓						SB
	EVE		✓			OP			SB
11/24	MORN	✓				RC			SR
	DAY		✓						JB
	EVE		✓	✓		UN			JB
11/25	MORN	✓				UN			
	DAY					✓			
	EVE		✓						CM
11/26	MORN	✓				RC			
	DAY								
	EVE		✓	✓		OP			SB
11/27	MORN	✓				OP			DC
	DAY		✓						
	EVE		✓			RC			SB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

28

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/7	MORN	✓					TV			JB
	DAY									
	EVE		✓				N			
11/8	MORN	✓					TV			PC
	DAY		✓							
	EVE		✓	✓			BJ			GD
										dc
11/9	MORN	✓					RN			ZW
	DAY		Y							ZW
	EVE		Y				DP			
11/10	MORN	✓					EN			ET
	DAY		✓							JB
	EVE		✓				DP			
11/11	MORN	✓					RC			JB
	DAY									
	EVE		✓				PD			
11/12	MORN	✓					RC			SPB
	DAY		✓							
	EVE		✓	✓			US			JB
11/13	MORN	✓					IM			ET
	DAY		✓							
	EVE		✓				RS			JB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

D.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~D-28~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/31	MORN	✓					BA			SB
	DAY		✓	✓			BA			DC
	EVE		✓	✓			TR			
11/1	MORN	✓					BA			DC
	DAY		✓				TR			JB
	EVE		✓							
11/2	MORN	✓				Y	TR			DD
	DAY		✓				TR			SD
	EVE		✓							
11/3	MORN	✓					DC			RB
	DAY		✓				SD			SB
	EVE		✓							
11/4	MORN	✓					TR			EB
	DAY		✓				TR			SD
	EVE		✓							
11/5	MORN	✓					TR			RS
	DAY		✓				SD			GW
	EVE		✓							
11/6	MORN						DC			SDW
	DAY						✓			
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

J. C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~128~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
10/24	MORN	✓			0			JB
	DAY							
	EVE		✓		PC			
10/25	MORN	✓			RN			STK
	DAY							
	EVE		✓		RPA			PA
10/26	MORN	✓			BLA			PA
	DAY		✓					SB
	EVE		✓		BLA			
10/27	MORN	✓	✓		B			
	DAY		✓					WD
	EVE		✓		VM			
10/28	MORN	✓			TV			STK
	DAY							
	EVE				PC			
10/29	MORN	✓			TV			CD
	DAY		✓					SB DC
	EVE		✓					
10/30	MORN	✓			AB			DC
	DAY		✓					SB
	EVE		✓		RJ			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

J.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

28

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/17	MORN						BR			
	DAY	✓					BR			
	EVE		✓				BR			
10/18	MORN	✓					BR			
	DAY		✓			Y	BR			
	EVE		✓				RC			
10/19	MORN	✓					RC		BB	
	DAY		✓				M		FB	
	EVE		✓							
20	MORN	✓					M			
	DAY		✓				TV		JS	
	EVE		✓						SB	
10/21	MORN	Y					A			
	DAY	Y					GR		TC	
	EVE	Y				✓			CL	
10/22	MORN	✓					BR			
	DAY		✓						RS	
	EVE		✓						FB	
10/23	MORN	✓					BR			
	DAY		✓			✓			JS	
	EVE		✓			Y			FB	

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaulitive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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Psych: Psychological Counselor will sign each time the inmate is seen.

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

2-8

CELL: 6-26

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
10/10	MORN	✓					✓			JB
	DAY									
	EVE		✓				N			
10/11	MORN						✓			RB
	DAY						GP			RS
	EVE									
10/12	MORN	✓					GP			RS
	DAY	Y					N			AT
	EVE	Y								
10/13	MORN	✓					RS			TL
	DAY	✓					RC			JB
	EVE	✓								
	MORN	✓					RC			CH
	DAY	✓					GP			
	EVE	✓					GP			
10/15	MORN	✓					GP			BB
	DAY						GP			
	EVE									
10/16	MORN	✓					CR			CA
	DAY	✓					UM			CH
	EVE	✓								CH

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

208

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S					
10/3	MORN	✓				SA		REF MEDS	SB
	DAY					go			CA
	EVE		✓	✓		BN			
10/4	MORN	✓				BN		ref meds	CA
	DAY								
	EVE					BS			
10/5	MORN	✓				BS			JS
	DAY		✓	✓		BN			JO
	EVE		✓	✓					
10/6	MORN	✓				BN			CE
	DAY	✓							EW
	EVE	✓							ZL
10/7	MORN	✓				BN			AK
	DAY	✓							CC
	EVE	✓				BN			CC
10/8	MORN	✓				BN			SE
	DAY	✓							JC
	EVE	✓				BN			
10/9	MORN	✓				BN			ES
	DAY	✓							JB
	EVE	✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION:

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
26	MORN	Y					UM			TV
	DAY									
	EVE						PC			
27	MORN	✓					PC			JS
	DAY	✓								
	EVE		✓	✓			BS			SB
28	MORN	✓					RN			AC
	DAY	✓					GP			SB
	EVE		✓				GP			
29	MORN	✓					GP			CS
	DAY		✓				BS			23
	EVE		✓	✓						
30	MORN	✓					BS			JS
	DAY	Y					UM			AB
	EVE		Y							
1	MORN	✓					BS			JS
	DAY		✓							
	EVE		✓	Y			GP			SB
2	MORN	Y					GP			DL
	DAY	✓								
	EVE		✓	✓			MA			SB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-8~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/19	MORN	✓					BS			SB
	DAY									
	EVE		✓	Y			BS			
9/20	MORN	✓					BN			HB
	DAY		✓							EE
	EVE		✓				BD			EE
9/21	MORN	✓					BS			JS
	DAY						UM			
	EVE									
9/22	MORN						BN			SB
	DAY	✓								
	EVE		✓				AC			
9/23	MORN	✓					AM			CS
	DAY		✓							SB
	EVE		✓	Y			AC			
9/24	MORN	Y	✓				AM			BS
	DAY		✓							BS
	EVE		✓				TV			
9/25	MORN	✓	✓				TV			JS
	DAY		✓	Y			UM			WD
	EVE		✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~28~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 626

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
9/12	MORN	✓					RC			SB
	DAY									
	EVE		✓				JD			
9/13	MORN	✓					Y			SB
	DAY									
	EVE		✓	Y			BB			SB JV
9/14	MORN	✓					RC			SB JV
	DAY									
	EVE		✓				BB			
9/15	MORN	✓					BB			SB
	DAY						dp			BB
	EVE		✓							
9/16	MORN	✓					RC			SB
	DAY									
	EVE		✓				BB			BB
9/17	MORN	✓					RC			SB
	DAY						BB			
	EVE		✓				BB			
9/18	MORN	✓					BB			SB
	DAY									
	EVE		✓				BB			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

J. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

28

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S					
9-5	MORN	Y				AM			TV SB
	DAY								
	EVE		V			BPA			
9-6	MORN	V				BPA			AM
	DAY					V			AM
	EVE		V						
9-7	MORN	V				AM			STK JB
	DAY		V						
	EVE		V			SP			
9-8	MORN	V	V			RN			JS SB
	DAY		V						
	EVE		V			TV			
9-9	MORN	Y				N			TV SB
	DAY								
	EVE					RN			
9-10	MORN	Y	V	V		AM			AM SB
	DAY		V	V					
	EVE		V	V		AM			
9-11	MORN	V	V	V		AM			JS T.O.
	DAY		V	V					
	EVE		V	V		AM			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

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OIC Signature: OIC must sign all record sheets each shift.

W. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-28~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
8/29	MORN	✓			RC			JB
	DAY							
	EVE	✓			DP			
8/30	MORN	✓			RS		DS	
	DAY	✓					MM	MM
	EVE	✓			RS			
8/31	MORN	✓			RS			SS
	DAY	✓			DP			
	EVE	✓			RS			
9/1	MORN	✓			RS			DR
	DAY	✓			SP			JB
	EVE	✓						
9/2	MORN	✓			RC			JS
	DAY	✓						JB
	EVE	✓						
9/3	MORN	✓			RC			JS
	DAY	Y	Y		SV			
	EVE	✓						
	MORN	✓			N			MB
	DAY	✓						SB
	EVE	✓			SP			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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and include date, signature, and title.

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W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

12-8

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/22	MORN	✓					a			3
	DAY									TV
	EVE		✓	Y			Op			
8/23	MORN	Y					Op			TV
	DAY		✓				IM			JB
	EVE			✓						
8/24	MORN	✓					BS			
	DAY		✓							
	EVE			✓			91			JB
8/25	MORN	✓					BS			JS
	DAY		✓							SB
	EVE			✓			Op			
8/26	MORN	Y					TV			
	DAY		✓							
	EVE		✓	Y						30 TV
8/27	MORN	Y					6A			TV
	DAY		✓							
	EVE			✓			PC			JB
8/28	MORN	✓					PC			cm
	DAY		Y							
	EVE		Y				Op			AB

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-8~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/15	MORN	✓					PC			JB
	DAY									
	EVE		✓				TV			
8/16	MORN	✓	✓	Y			TV			SB
	DAY		✓	Y						TV
	EVE	✓	✓	Y			SP			
8-17	MORN	Y				Y	PC		TV	SB
	DAY		✓							
	EVE		✓	Y			BA			
8-18	MORN	Y					BA		TV	JB
	DAY		✓				SP			
	EVE		✓	Y			SPS			
8-19	MORN	Y	Y	Y		Y	PC		CB	
	DAY		Y	Y			SP			
	EVE		Y	Y			SP			
8-20	MORN	✓	Y	Y		N	TV			JS
	DAY		✓	Y						XW
	EVE		Y	Y			PC			ZW
8/21	MORN	✓					SP		AK	SB
	DAY		✓							
	EVE		✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments

, and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~7-18~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/1	MORN						P			SP
	DAY									
	EVE									
8/8	MORN	✓								SB
	DAY									
	EVE		✓				RS			
9	MORN	✓					Um			GR
	DAY		✓							MR
	EVE		✓				RR			
10	MORN	Y					Pa			Re
	DAY	Y					RC			SP
	EVE	Y	✓	✓						
11	MORN	✓					RC			SB
	DAY		✓				N			
	EVE		✓							
12	MORN	Y					Gr			MR
	DAY		✓				SP			SB
	EVE		✓	✓						
13	MORN	✓					BA			Re
	DAY	Y					ea			SC
	EVE	Y					RS			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

P28

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/1	MORN	Y					9			
	DAY						op			
	EVE		Y				op			
8/2	MORN	Y					1M			AK
	DAY		✓				1M			SB
	EVE		✓				1M			
8/3	MORN	✓					1M			SB
	DAY		✓				1M			SD
	EVE		✓				1M			
8/4	MORN	✓					1M			TK
	DAY		✓				1M			C
	EVE		✓				1M			
8/5	MORN	✓					1M			CE
	DAY		✓				1M			CE
	EVE		✓				1M			
8/6	MORN	Y					9			CE
	DAY									
	EVE		Y	Y			9			
8/7	MORN	Y					9			CE
	DAY		✓				9			CE
	EVE		✓				9			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W. C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/25	MORN	✓					BP			QR
	DAY		✓				UM			SB
	EVE			✓			UM			
7/26	MORN	—					UM			AB
	DAY	Y					DP			M
	EVE	Y					DP			
27	MORN						PC			SB
	DAY	—					PC			
	EVE	—	Y				ES			
28	MORN	Y					PC			OF
	DAY	Y	✓				DP			SB
	EVE		✓				DP			
29	MORN	Y					PC			AB
	DAY	✓					PC			SB
	EVE	✓	✓				PC			
30	MORN	✓					PC			PC
	DAY						PC			
	EVE						PC			
31	MORN	✓					PC			PC
	DAY	Y	Y	Y			PC			PC
	EVE						PC			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~28~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/18	MORN	✓					PC			
	DAY							N		
	EVE		✓							
7/19	MORN		✓					N		
	DAY		✓					lm		
	EVE		✓							
7/20	MORN	✓					lm			
	DAY		✓				BS			
	EVE		✓							
7/21	MORN		✓	Y			BS			
	DAY		✓							
	EVE		✓							
7/22	MORN		✓					lm		
	DAY		✓					JD		
	EVE		✓							
7/23	MORN	✓					PC			
	DAY		✓					✓		
	EVE		✓							
7/24	MORN	✓					PC			
	DAY		✓							
	EVE		✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

218

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S					
7/11	MORN	✓		✓	0750/10920	BIA			<i>2861</i>
	DAY								
	EVE					BIA			
7/12	MORN	✓				BIA		ar	<i>-JB</i>
	DAY		✓						
	EVE			✓		lm			
7/13	MORN		✓			lm		<i>rob</i>	<i>JB</i>
	DAY			✓					
	EVE			✓		<i>ar</i>			
7/14	MORN					<i>ar</i>		<i>JB</i>	
	DAY		✓			lm			
	EVE			✓					
7/15	MORN	✓				lm		<i>PA</i>	<i>SB</i>
	DAY		✓						
	EVE			✓		BIA			
7/16	MORN	✓				BIA		<i>rob</i>	<i>SB</i>
	DAY		✓						
	EVE			✓		<i>g</i>			
7/17	MORN	✓				RC		<i>rob</i>	<i>JB</i>
	DAY		✓						
	EVE			✓		<i>g</i>			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

P28

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/4	MORN	Y					RC			
	DAY									
	EVE	Y					N			
7/5	MORN	V				Y	N			SB
	DAY									
	EVE	V					OK			
	MORN						BPA			
	DAY						Um			
	EVE									
7/7	MORN	V					PN			
	DAY									
	EVE	V					op			
7/8	MORN						RJ			
	DAY									
	EVE	V				1230-1345	N			
7/9	MORN	V					RC			
	DAY									
	EVE	V					op			
7/10	MORN	V					QJ			
	DAY									
	EVE	V					OK			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/27	MORN	✓					Q3			
	DAY									
	EVE		✓	✓			BT			99
4/28	MORN	✓				PT	BA			CB
	DAY	✓								BB
	EVE	✓					BD			
4/29	MORN						BD			BB
	DAY	✓								TM
	EVE	✓					DP			TM
4/30	MORN	✓				Y	TV			BB
	DAY	✓								BB
	EVE	✓								
5/1	MORN	Y				Y	RC			DL
	DAY	✓								SB
	EVE	✓	✓	Y			DR			
5/2	MORN	✓					DR			DR
	DAY	✓								CA
	EVE	✓								CA
5/3	MORN	9					RC			AK
	DAY	Y								BC
	EVE	✓					Q			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/20	MORN						TV			
	DAY	✓				~				TP
	EVE		✓				N			TP
6/21	MORN	Y					TV			CM
	DAY									
	EVE						UM			
6/22	MORN	✓				Y	UM			SE
	DAY	✓								TP
	EVE	✓					RD			GP
6/23	MORN	✓					RA			SE
	DAY	Y					dp			MZ
	EVE	Y	✓							
6/24	MORN	✓				Y	UM			JB
	DAY	✓					RD			
	EVE	✓								
6/25	MORN	Y				Y	UM			JB
	DAY	✓					RD			
	EVE	✓								
6/26	MORN	✓				YES	RC			ED
	DAY	✓					RD			SB
	EVE	✓								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
6/13	MORN						SH			<i>SB</i>
	DAY	✓	✓							
	EVE						UM			<i>SB</i>
6/14	MORN	✓					UM			<i>SE</i>
	DAY	✓								<i>MM</i>
	EVE	✓					DP			
6/15	MORN						UM			<i>AB</i>
	DAY									
	EVE						BD			
6/16	MORN						✓			
	DAY	✓								
	EVE	✓					UM			<i>SB</i>
6/17	MORN	✓					SH			<i>CLS</i>
	DAY	✓								<i>SB</i>
	EVE	✓					SH			
6/18	MORN	✓					RC			<i>CLS</i>
	DAY	✓					SI			<i>JB</i>
	EVE	✓								
	MORN	✓					SI			
	DAY	✓								<i>CLS</i>
	EVE	✓					SI			<i>JB</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

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OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-8~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN						PC			
	DAY									
	EVE						KG			
6/7	MORN	Y					R			AK
6/7	DAY									RB
6/7	EVE	Y								
6/8	MORN	✓				Y	PN			CB
6/8	DAY	✓					VM			RB
6/8	EVE									
6/9	MORN	✓					VM			SF
6/9	DAY	✓					VM			JB
6/9	EVE									
6/10	MORN						P			
6/10	DAY	✓					PS			JB
6/10	EVE									
6/11	MORN	Y					PN			CB
6/11	DAY	✓					PS			RB
6/11	EVE	✓					PS			
6/12	MORN									
6/12	DAY	✓					PS			
6/12	EVE						PS			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-8~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/30	MORN	Y					BPA			
	DAY									
	EVE	Y	Y	N			CH			WT
5/31	MORN	Y				1155-105	CH			
	DAY									
	EVE	Y					DP			AS
6/1	MORN	Y				825+950	RC			AC
	DAY									
	EVE						BS			BB
	MORN						BS			
	DAY	Y				Y				WT
	EVE	Y								
6/3	MORN	Y					9			
	DAY	Y	Y							
	EVE	Y	Y	Y			8K			
6/4	MORN	Y					9			
	DAY	Y	Y							
	EVE	Y	Y	Y			8K			
6/5	MORN	Y					9			
	DAY	Y	Y							
	EVE	Y	Y	Y			9			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P-28~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/23	MORN						BS			
	DAY	Y								
	EVE	Y					DP			
5/24	MORN						TV			
	DAY									
	EVE						PC			
5/25	MORN	✓					PC			
	DAY									
	EVE						BD			
5/26	MORN	✓					RN			
	DAY									
	EVE						BS			
5/27	MORN						PC			
	DAY	X	Y				TV			
	EVE									
5/28	MORN	Y					TV			
	DAY									
	EVE						HW			
5/29	MORN						RC			
	DAY	Y								
	EVE	Y					CM			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

J.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~

6-26

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/16	MORN	/					BIA			C
	DAY									
	EVE	/					BIA			
3/17	MORN	Y					BIA			<del>218</del>
	DAY	Y				1130				
	EVE	Y	N			1245	PA			
3/18	MORN	Y								JB
	DAY	X								JB
	EVE	X	Y				12pm	UM		
3/19	MORN	✓					UM			ES
	DAY	✓	✓							<del>218</del>
	EVE						RC			
3/20	MORN	Y					RC			<del>ES</del>
	DAY	Y								<del>ES</del>
	EVE	Y	✓				35			ES
3/21	MORN	✓					35			ES
	DAY	✓								TP
	EVE	✓	✓				35			TP
3/22	MORN	Y					UM			CJ
	DAY	✓								
	EVE	✓	Y				1015am	35		TP

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~2-8~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/9	MORN	Y					BS			DN
	DAY						GT			
	EVE		Y							DN
5/10	MORN	Y					BS			JS
	DAY						UM			
	EVE									
5/11	MORN	Y					UM			
	DAY						TV			
	EVE									
5/12	MORN	Y					RC			rn
	DAY		Y				RD			88
	EVE		Y				RD			
5/13	MORN						RD			
	DAY		Y				DP			
	EVE									2/12
5/14	MORN						PC			AS
	DAY		Y				TV			
	EVE									
5/15	MORN	Y					AD			ED
	DAY									
	EVE						RD			

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

12-18

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_

DATE &amp; TIME

RELEASED: \_\_\_\_\_

PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
5/2	MORN	Y					DN			<i>MM</i>
	DAY									
	EVE		Y	Y			Q			<i>MM TU</i>
5/3	MORN	Y					DN			<i>TU</i>
	DAY		Y							
	EVE		Y				Q			<i>LL</i>
5/4	MORN	Y					DN			<i>JS</i>
	DAY	Y	Y							<i>DRW</i>
	EVE		Y				TV			
	MORN	Y					TV			<i>JS</i>
	DAY	Y	Y				Q			<i>2-28-03</i>
	EVE		Y							
5/6	MORN	Y					BS			
	DAY	Y	Y							
	EVE		Y				Q			<i>AB SP</i>
5/7	MORN	Y					DN			<i>SF</i>
	DAY	Y	Y							
	EVE		Y				DN			<i>es</i>
5/8	MORN	Y					UN			<i>JS</i>
	DAY	Y	Y							
	EVE		Y				BS			<i>BB</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~28~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/25	MORN	Y					N			BD
	DAY									
	EVE						P			
4/26	MORN						P			CD
	DAY						BSA			DC
	EVE									
4/27	MORN	Y					BSA			DC
	DAY									WP
	EVE						N			
4/28	MORN	Y					N			KJ
	DAY									SC
	EVE						BS			
4/29	MORN	Y					10:35-1:50	BD		CD
	DAY									
	EVE						P			
4/30	MORN						BS			
	DAY									MM
	EVE									MM
5/1	MORN	✓					BS			sf
	DAY									
	EVE						IN			KS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

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C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~D-26~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/19	MORN	Y					BA			<i>JKZ</i>
	DAY									
	EVE	Y	Y				BA			
4/19	MORN	Y					BA			<i>AC</i>
	DAY		Y							<i>AC</i>
	EVE		Y			N	S			<i>JKZ</i>
4/20	MORN	Y				N	AP			
	DAY	Y	Y							
	EVE		Y				BD			<i>AS</i>
4/21	MORN						BD			
	DAY	Y								
	EVE		Y				BA			<i>MM</i>
4/22	MORN						BD			
	DAY	Y				N	BA			<i>AS</i>
	EVE		Y							
4/23	MORN						BS			<i>CB</i>
	DAY	Y					BA			<i>AB</i>
	EVE		Y				N			
4/24	MORN	Y					TV			<i>Z</i>
	DAY									
	EVE		Y				PC			<i>Z</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

P28

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 626

VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4/11/10	MORN						B3			
	DAY									
	EVE						N			
	MORN	Y					N			
	DAY									
	EVE		Y				18			TV
4/13	MORN	Y					18			TV
	DAY		Y				NO			GT
	EVE		Y				BFA			GT
4/14	MORN	Y					NO			DC
	DAY		Y							
	EVE		X				DP			C.P.
4/15	MORN						NO			CA
	DAY									
	EVE						SFT			DS
4/16	MORN						B3			✓
	DAY									
	EVE						BFA			CA
4/17	MORN	✓					BFA			CA
	DAY		✓							
	EVE		✓				BFA			99

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION OR REASON: 218  
 DATE & TIME RECEIVED: 4-4-10  
 DATE & TIME RELEASED: 4-5-10  
 PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
4-4-10	MORN	✓								ZW
	DAY									
	EVE		✓	Y						ZW
4-5-10	MORN	✓								HB T. Bandy
	DAY	✓				1245-150				
	EVE		✓							
4/6	MORN									
	DAY									
	EVE			✓						
4/7	MORN	✓								
	DAY	✓								ZW
	EVE		✓							ZW
4/8	MORN	✓								
	DAY		✓							
	EVE			✓						
4/9	MORN									
	DAY									
	EVE									
4/10	MORN									
	DAY									
	EVE									

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,  
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**Medical:** Physician will sign each time the inmates is seen.

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**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

**OIC Signature:** OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/28	MORN	/								TMT
	DAY									
	EVE		/							
3/29	MORN	Y								CW.
	DAY		X			12:35 P2P				
	EVE		Y	Y						6/20 DC
3/30	MORN	Y								DC
	DAY		Y							ZW
	EVE		Y							ZW
	MORN					3-31-10				
	DAY		Y			refused				
	EVE		Y							OS
4/1	MORN									
	DAY		Y							
	EVE		Y			2:20-3:00				
4/2	MORN	Y								CW-
	DAY									G
	EVE									
4/3	MORN	/								90
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~P28~~~~6-26~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: ~~6-26~~VIOLATION  
OR REASON:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	Y								WT
	DAY									
	EVE	Y	V							
	MORN	R								
	DAY	Y				✓				
	EVE	Y								
3/23	MORN	Y	Y							GT
3/23	DAY	Y	Y							TR
3/23	EVE	Y								TR
	MORN									
	DAY									
	EVE									
3/25	MORN	Y								WT
3/25	DAY									DR
3/25	EVE									
3/26	MORN									
3/26	DAY									
3/26	EVE									
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

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W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26  
218

INMATE NAME: MAPLES, COREYAIS NO: 42-624 CELL: 6-26VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3-14	MORN	✓								<u>CAE</u>
	DAY									
	EVE		✓							
3-15	MORN	✓								<u>AS</u>
	DAY	✓	✓	✓						
	EVE		✓	✓						<u>WT</u>
	MORN	✓								<u>BB</u>
	DAY	✓	✓	✓						<u>BB</u>
	EVE									
3/17	MORN	✓								<u>SL</u>
	DAY	✓	✓	✓						<u>DN RL</u>
	EVE									
3/18	MORN	✓								<u>RL</u>
	DAY									
	EVE									
3/19	MORN									
	DAY									
	EVE		✓							<u>TV</u>
3/20	MORN	✓								<u>TK</u>
	DAY	✓	✓	✓						<u>TK</u>
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3-7	MORN	✓	✓							<i>DC</i>
	DAY									
	EVE									
3-8	MORN	✓								<i>DC</i>
	DAY									
	EVE									
3-9	MORN	✓								<i>DC</i>
	DAY		✓							
	EVE		✓	✓						
3-10	MORN									<i>DC</i>
	DAY	✓	✓	✓						
	EVE									
3-11	MORN	✓								<i>DC</i>
	DAY									
	EVE		✓	✓						
3-12	MORN	✓								<i>DC</i>
	DAY									
	EVE									
3-13	MORN	✓								<i>DC</i>
	DAY		✓							
	EVE		✓	✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

218

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26

VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_

DATE &amp; TIME RECEIVED: \_\_\_\_\_ DATE &amp; TIME RELEASED: \_\_\_\_\_

PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
28	MORN									
	DAY									
	EVE									
1	MORN	Y								
	DAY	Y								
	EVE	Y	Y							
3/2	MORN	Y								
	DAY	Y								
	EVE	Y				Y				
3/3	MORN	Y								
	DAY	Y								
	EVE									
4	MORN	Y								
	DAY	Y								
	EVE	Y								
3/5	MORN	Y								
	DAY	Y								
	EVE	Y	Y							
6	MORN	Y								
	DAY	Y								
	EVE	Y								

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~28~~

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION  
 OR REASON: \_\_\_\_\_ ADMITTANCE \_\_\_\_\_  
 DATE & TIME  
 RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 PERTINENT  
 INFORMATION: \_\_\_\_\_ DATE & TIME  
 RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN	✓			Y					
	DAY									
	EVE									
	MORN									
	DAY		✓							
	EVE		✓							
2/23	MORN	✓								
2/23	DAY	✓				8:40-9:40				
2/23	EVE	✓	✓	Y						
2/24	MORN	✓								
2/24	DAY		✓							
2/24	EVE		✓							
2/25	MORN									
2/25	DAY	✓	✓	✓		✓				
2/25	EVE									
2/26	MORN	✓								
2/26	DAY		✓							
2/26	EVE									
2/27	MORN	✓								
2/27	DAY		✓							
2/27	EVE		✓	✓		✓				

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

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and include date, signature, and title.

**OIC Signature:** OIC must sign all record sheets each shift.

C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~218~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/14	MORN	Y								TM
	DAY	Y								
	EVE		X							
2/15	MORN	Y								CD
	DAY									
	EVE		Y							O
KO	MORN									CG
	DAY									
	EVE									
17	MORN									STH
	DAY		X							
	EVE		Y							
18	MORN									STH
	DAY		Y							
	EVE		Y							
19	MORN	Y								CB
	DAY									
	EVE									
	MORN									CA
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

P-18

CELL: 6-26

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/1	MORN	Y								GW
	DAY									
	EVE	Y	Y							
2/8	MORN	Y								GW
	DAY									
	EVE									
2/9	MORN	Y								GW
	DAY	Y								TP
	EVE	Y	Y	Y						
2/10	MORN	✓								LS
	DAY	Y				12:45/1:30 OUT				ZW
	EVE	Y								ZW
2/11	MORN	Y								LS
	DAY									
	EVE		Y			Y				CB
2/12	MORN	Y								DL
	DAY	Y								ZW
	EVE		Y							
2/13	MORN	Y								GW
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

128

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
2/1	MORN	Y								LBH
2/1	DAY									KB
2/1	EVE									
2/2	MORN									CC
2/2	DAY									
2/2	EVE									
2/3	MORN	Y								VD
2/3	DAY		Y							UBH
2/3	EVE			Y						
2/4	MORN	Y								LBH
2/4	DAY		Y							LBH
2/4	EVE									
2/5	MORN									RG
2/5	DAY									RG
2/5	EVE									
2/6	MORN	Y								DC
2/6	DAY		Y							DC
2/6	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

J.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

218

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1-24	MORN	Y								G.00
	DAY									
	EVE		Y	1						
1-25	MORN									
	DAY		Y							2
	EVE			Y						2
1-26	MORN	Y								CL
	DAY	Y	Y	Y						AS
	EVE									
1-27	MORN									RAB
	DAY									
	EVE									CB
1-28	MORN	Y								
	DAY									
	EVE									
1-29	MORN	Y								
	DAY									
	EVE		Y	Y						
1-30	MORN	Y								
	DAY		Y							
	EVE			Y						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

28

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE &amp; TIME

DATE &amp; TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S				
1-24	MORN	Y						<i>G.50</i>
	DAY							
	EVE	Y	1					
1-25	MORN							
	DAY	Y						<i>2</i>
	EVE	Y						<i>2</i>
1-26	MORN	Y						<i>CL</i>
	DAY	Y	Y	Y				<i>KL</i>
	EVE							<i>REG</i>
								<i>CL</i>
1-27	MORN							
	DAY							
	EVE							
1-28	MORN	Y						<i>CL</i>
	DAY							
	EVE							
1-29	MORN	Y						<i>REG</i>
	DAY							
	EVE	Y	Y					
1-30	MORN	Y						<i>BB</i>
	DAY	Y						
	EVE	Y	Y					<i>TM</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

2-8

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION  
 OR REASON: \_\_\_\_\_ ADMITTANCE \_\_\_\_\_  
 DATE & TIME  
 RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME  
 RELEASED: \_\_\_\_\_  
 PERTINENT  
 INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
17	MORN									
	DAY									
	EVE									
18	MORN									RJ
	DAY									
	EVE									
19	MORN									Q
	DAY									
	EVE									
20	MORN	X								RS
	DAY									
	EVE									
21	MORN									
	DAY									
	EVE									
22	MORN	Y								B
	DAY									
	EVE									Q TV
23	MORN	Y								
	DAY									
	EVE									C TV

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

J.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

218

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/12	MORN	✓								<i>RS</i>
	DAY									<i>RS</i>
	EVE		Y	X						<i>RS</i>
1/13	MORN	✓								<i>RS</i>
	DAY		Y							<i>RS</i>
	EVE		Y	Y						<i>RS</i>
1/14	MORN	✓								<i>RS</i>
	DAY		Y							<i>RS</i>
	EVE		Y	Y						<i>RS</i>
1/15	MORN	✓								<i>RS</i>
	DAY		✓							<i>RS</i>
	EVE		Y							<i>RS</i>
1/16	MORN	✓	✓							<i>RS</i>
	DAY		✓							<i>RS</i>
	EVE		✓							<i>RS</i>

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN  
(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

28

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
1-4-10	MORN	✓								R.D.
	DAY		✓							
	EVE		✓	Y						WF
	MORN	Y								PK
	DAY		✓							Q
	EVE		✓	Y						
	MORN	✓								3Q
	DAY		Y							25
	EVE		Y							
	MORN	✓								R.D.
	DAY		✓							Q
	EVE		✓	Y						
4/3	MORN	✓								SB
	DAY									
	EVE									
4/9	MORN	Y								AW
	DAY		✓							Q
	EVE		✓	Y						
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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OIC Signature: OIC must sign all record sheets each shift.

W. C. HOLMAN

(INSTITUTION)

G-26

R-20

G-26

D-28

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: G-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
12/18	MORN	✓								<i>AB</i>
	DAY									
	EVE		✓							
12/19	MORN	✓								<i>AB</i>
	DAY		✓							
	EVE		✓	Y						
12/20	MORN	Y								<i>AB</i>
	DAY		✓							
	EVE		✓							
12/21	MORN	✓								<i>AB</i>
	DAY		✓							
	EVE		✓							
12/22	MORN	✓								<i>AB</i>
	DAY		✓							
	EVE		✓							
12/23	MORN	✓								<i>AB</i>
	DAY									
	EVE		✓							
12/24	MORN	✓								<i>AB</i>
	DAY									
	EVE		✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

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and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000350

W. C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-24

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATU
		B	I	S					
12/4	MORN								JK
	DAY								
	EVE								
12/5	MORN								JK
	DAY								JK
	EVE								
12/6	MORN								CA
	DAY								JK
	EVE								
12/7	MORN								JK
	DAY								JK
	EVE								
12/8	MORN								JK
	DAY								JK
	EVE								
12/9	MORN								JK
	DAY								JK
	EVE								
12/10	MORN								JK
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments Maples - DOC  
and include date, signature, and title.

000351

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P.20

6-26

7-8

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-26VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
10/20	MORN									<i>AC</i>
	DAY									
	EVE									
10/21	MORN									<i>AC</i>
	DAY									
	EVE									
10/22	MORN									<i>AC</i>
	DAY									
	EVE									
10/23	MORN									<i>AC</i>
	DAY									
	EVE									
10/24	MORN	Y								<i>AC</i>
	DAY									
	EVE		Y							
10/25	MORN									<i>AC</i>
	DAY									
	EVE									
10/26	MORN									<i>AC</i>
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000352

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: MAPLES, COREYAIS NO: 42-624CELL: 6-24VIOLATION  
OR REASON: \_\_\_\_\_ADMITTANCE  
AUTHORIZED BY: \_\_\_\_\_DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS	B	I	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATU
6	MORN	✓									JP
	DAY										
	EVE		✓								
7	MORN	✓									KM
	DAY		✓								SD
	EVE		✓								
8	MORN	✓									JP
	DAY		✓								BB
	EVE		✓								
9	MORN	✓									CM
	DAY		✓								AB
	EVE		✓								
10	MORN	✓									AB
	DAY		✓								JM
	EVE		✓								
11	MORN	✓									AB
	DAY										
	EVE		✓		✓						
12	MORN	✓					✓				CM
	DAY		✓								SD
	EVE		✓								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift

Maples - DOC

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W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P-20  
C-2

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 5-24  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS	B	I	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
10/23	MORN	✓									JB
	DAY										
	EVE	✓									
10/24	MORN										SB
	DAY	✓									
	EVE	✓									
10/25	MORN	✓									PA
	DAY										
	EVE										
10/26	MORN										PA
	DAY	✓									
	EVE	✓									
10/27	MORN	✓									EM
	DAY		✓								CH
	EVE		✓								CH
10/28	MORN	✓									CB
	DAY	✓					✓				PS
	EVE	✓									
10/29	MORN	✓									CA
	DAY	✓									CB
	EVE	✓									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000354

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P.20

6-26

12-8

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS B I D S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
10/9	MORN							<i>AB</i>
	DAY							
	EVE							
10/10	MORN							<i>EW</i>
	DAY							
	EVE							
10/11	MORN							<i>AB</i>
	DAY							<i>DB</i>
	EVE							
10/12	MORN	✓						<i>CA</i>
	DAY	Y						<i>AB</i>
	EVE	Y						
10/13	MORN							<i>AB</i>
	DAY	Y						<i>AB</i>
	EVE	Y						
10/14	MORN							<i>CA</i>
	DAY							
	EVE							
10/15	MORN							<i>AB</i>
	DAY							<i>AB</i>
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000355

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P.20

6-26

D-8

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26

VIOLATION OR REASON: ADMITTANCE AUTHORIZED BY:

DATE &amp; TIME RECEIVED: DATE &amp; TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
25	MORN	✓								CH
	DAY									CH
	EVE		✓							
26	MORN	✓								RS
	DAY		✓							DB
	EVE		✓							
27	MORN	✓					yes			CH
	DAY		✓							CH
	EVE		✓							
28	MORN	✓								CH
	DAY		✓							CH
	EVE		✓							
29	MORN	✓								CH
	DAY		✓							
	EVE		✓							
30	MORN	✓								RS
	DAY		✓							DB
	EVE		✓							
1	MORN	✓								CH
	DAY		✓							
	EVE		✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P20

6

12

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-24  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE: \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 PERTINENT INFORMATION: DATE & TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS	B	I	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATU
9/11	MORN										70
	DAY										
	EVE										
9/12	MORN										
	DAY										
	EVE										
9/13	MORN	Y									
	DAY										
	EVE										
9/14	MORN										
	DAY										
	EVE										
9/15	MORN										
	DAY										
	EVE										
9/16	MORN										
	DAY										
	EVE										
	MORN										
	DAY										
	EVE										

Partinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000357

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P.20

C-1

D-1

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-24

VIOLATION  
OR REASON: \_\_\_\_\_

ADMITTANCE

AUTHORIZED BY: \_\_\_\_\_

DATE & TIME  
RECEIVED: \_\_\_\_\_DATE & TIME  
RELEASED: \_\_\_\_\_PERTINENT  
INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
8/28	MORN	✓								CB
	DAY									
	EVE	✓								
8/29	MORN	✓								km
	DAY	✓								JB
	EVE	✓								
8/30	MORN	✓								OK
	DAY	✓								JB
	EVE	✓								
8/31	MORN	✓								CB
	DAY	✓	✓							JB
	EVE		✓							
9/1	MORN	✓								km
	DAY	✓								JB
	EVE	✓								
9/2	MORN	✓					yes			sm
	DAY	✓								JB
	EVE	✓								
9/3	MORN	✓								CA
	DAY	✓								JB
	EVE	✓								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

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OIC Signature: OIC must sign all record sheets each shift.

Maples - DOC

000358

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

P-20

~~6-26~~~~12:00~~

INMATE NAME: MAPLES, COREY AIS NO: 42-624 CELL: 6-26  
 VIOLATION OR REASON: \_\_\_\_\_ ADMITTANCE \_\_\_\_\_  
 DATE & TIME RECEIVED: \_\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_  
 DATE & TIME RELEASED: \_\_\_\_\_  
 PERTINENT INFORMATION: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	I	S						
8/14	MORN	✓								DC
	DAY									
	EVE		✓							DC
8/15	MORN	✓								RB
	DAY		✓							
	EVE									SB
8/16	MORN	✓								CA
	DAY		✓							CL
	EVE		✓			Y				
8/17	MORN	✓								CA
	DAY		✓							SB
	EVE		✓							
8/18	MORN	✓								KA
	DAY									
	EVE									
8/19	MORN	✓								KA
	DAY		✓							
	EVE		✓			Y				
8/20	MORN	✓								KA
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. HOLMAN

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

G-26

~~208~~

INMATE NAME: MAPLES, COREY

AIS NO: 42-624

CELL: 6-26

VIOLATION  
OR REASON:ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RECEIVED:DATE & TIME  
RELEASED:PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/31	MORN	✓								✓
	DAY									
	EVE		✓							✓
8/1	MORN	✓								RS
	DAY		✓							DB
	EVE		✓	✓						
8/2	MORN	✓								CH
	DAY		✓							DB
	EVE		✓							
8/3	MORN	✓								AC EC EW
	DAY	✓								
	EVE		✓							
8/4	MORN	✓								AC KS KS
	DAY									
	EVE									
8/5	MORN	✓								GD GD
	DAY	✓								
	EVE		✓							
8/6	MORN	✓								CH GD
	DAY		✓							
	EVE			✓						

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
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